Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				8).	Complete if Known					
FEE TRANSMITTAL For FY 2009				Applic	Application Number 10/564,372					
				Filing			7/16/2004			
				First N	Named Inventor	Frank Schilke				
Applicant claims small entity status. See 37 CFR 1.27					iner Name	Blessing M. Fubara				
Approant oranio sinan cinity status. See 37 CFR 1.27				Art Ur	nit	1618				
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorn	iey Docket	4385 - 05	5 - 053939			
METHOD OF PA	YMENT (check	all that apply	у) .					122-24-2-2		
Check 🗸	Credit Card	Money O	order	None	Other (please id	lentify):				
Deposit Acco	ount Deposit Acc	count Number:	23-	-0650	Deposit Accour	nt Name: The	Webb]	Law Firn	1	
For the a	bove-identified d	leposit accour	nt, the Direct	tor is hereby	authorized to: (c	heck all that ap	oply)			
С	harge fee(s) indica	ated below			Charge fe	e(s) indicated b	elow, exc	ept for the	filing fee	
√ c	harge any addition	nal fee(s) or ur	nderpayments	s of fee(s)	Credit any	y overpayments				
	nder 37 CFR 1.16		C11.	C				-		
WARNING: Information and author			. Credit card in	atormation shou	id not be included (on this form. Prov	ide credit	card		
FEE CALCULAT	ION (All the fee	s below are c	due upon fil	ing or may b	e subject to a s	urcharge.)				
1. BASIC FILIN	G, SEARCH, A	ND EXAMI	NATION FI	EES					٠	
FILING FEES SEARCH Sear					EXAMINA	ATION FEES				
				Small Entity	-	Small Entity				
Application T		Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees F	<u> Paid (\$)</u>	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70		•		
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0	0				
2. EXCESS CLA	IM FEES								Small En	
Fee Description								Fee (\$)	Fee (\$	
Each claim over 20) (including Reis	sues)						52	26	
Each independent	claim over 3 (inc	luding Reissu	aes)			٠		220	110	
Multiple dependen	ıt claims							390	195	
Total Claims	<u>- 20 or HP</u>	<u>Extra Cla</u>	<u>aims </u>	Fee (\$)	Fee Paid (\$)		<u>I</u>	Multiple D	ependent (
		=	x	=		ı		Fee (\$)	Fee Pa	
HP = highest numb	er of total claims pa	id for, if greater	than 20.				_			
Indep. Claims	<u>- 3 or HP</u>	Extra Cla	<u>aims</u>	Fee (\$)	Fee Paid (\$)					
		=	x	=						
•	per of independent cl	aims paid for, if	f greater than 3.	•						
3. APPLICATIO	on SIZE FEE cation and drawin	igs exceed 10	0 sheets of r	oaner (exclud	ing electronicall	v filed sequenc	e or com	muter listin	os under	
37 CFR 1	.52(e)), the appli	cation size fe	e due is \$270							
	S.C. 41(a)(1)(G)						_			
Total Sheets	Extra S		'		itional 50 or fra			<u>e (\$)</u>	Fee Pa	
	- 100 =	/50=		(round	d up to a whole nu	umber) x		=		
4. OTHER FEE(• •								Fees Pa	
_	h Specification,		•	tity discount)						
Other (e.g.,	late filing surcha	rge): Supplen	nental Inform	mation Disclo	sure Statement	Fee			<u>180.</u>	
SUBMITTED BY									•	
				The second second						
Signature		1 _	-	Re	egistration No.	35,972	Teleph		12-471-8	

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